### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received
Official Use Only

MAR 1 7 2011

Please type or print in	ink.		
NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
BRENNER		DAVID	Α.
1. Office, Agency	, or Court		
Agency Name			
CIRM			
Division, Board, Dep	artment, District, if applicable	Your Position	
ICOC		ICOC Member	
► If filing for multiple	e positions, list below or on an attachm	ent.	
Agency: Universit	ty of California	Position: Vice Chancel	or & Dean (UC San Diego)
2. Jurisdiction of	f Office (Check at least one box)		
★ State		☐ Judge (Statewide Jurisdict	ion)
☐ Multi-County		County of	
City of		Other	
3. Type of Stater	nent (Check at least one box)		
Annual: The p	eriod covered is January 1, 2010, throu	gh December 31, Leaving Office: Date Le (Check one)	ft/
The period of 2010.	covered is/, through	th December 31, O The period covered is leaving office.	January 1, 2010, through the date of
☐ Assuming Office	ce: Date/	<ul> <li>The period covered is of leaving office.</li> </ul>	/, through the date
Candidate: Ele	ection Year Of	fice sought, if different than Part 1:	
4. Schedule Sum	nmary		
Check applicable s	chedules or "None."	► Total number of pages including	this cover page:
Schedule A-1 -	Investments - schedule attached	Schedule C - Income, Loans, &	R Business Positions – schedule attached
Schedule A-2 -	Investments - schedule attached	Schedule D - Income - Gifts -	schedule attached
☐ Schedule B - R	Real Property - schedule attached	Schedule E - Income - Gifts -	Travel Payments - schedule attached
		-or-	
	∐ None - No	reportable interests on any schedule	
5. Verification			
MAILING ADDRESS	STREET ress Recommended - Public Document)	CITY STATE	ZIP CODE
Business of Adensy Addi	oss Hoosininended Trabile Documenty	La Jolla CA	
DAYTIME TELEPHONE N	IUMBER	E-MAIL ADDRESS	
		ent. I have reviewed this statement and to the best of acknowledge this is a public document.	f my knowledge the information contained
I certify under pena	alty of perjury under the laws of the	State of California that t	et:
Data Signad	03/10/2011	Signature	
Date Signed	(month, day, year)	Signature	ement with your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
RDENNED DAVID A

NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
Alaskalis Davison va Marilast Davis and Farm Jaffan		
Alcoholic Beverage Medical Research Foundation	American Association for the Study of Liver Disease	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
1122 Kenilworth Drive, Suite 407	1001 North Fairfax Street, Suite 400	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Baltimore, MD 21204	Alexandria, VA 22314	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
Board of Trustees member	Scientific meeting presenter	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED	
	<b>★</b> \$500 - \$1,000	
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income	
☐ Loan repayment ☐ Partnership	Loan repayment Partnership	
Colores		
Sale of(Property, car, boat, etc.)	Sale of(Property, car, boat, etc.)	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more	
_		
	A	
Other Income for services rendered	Other Income for services rendered	
(Describe)	(Describe)	
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER		
	lending institutions, or any indebtedness created as part	
of a retail installment or credit card transaction, made	your official status. Personal loans and loans received	
not in a lender's regular course of business must be		
•		
NAME OF LENDER*		
	INTEREST RATE TERM (Months/Years)	
	INTEREST RATE TERM (Months/Years) % None	
ADDRESS (Business Address Acceptable)	%	
	SECURITY FOR LOAN	
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	%	
	SECURITY FOR LOAN None Personal residence	
	SECURITY FOR LOAN None Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER		
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	SECURITY FOR LOAN None Personal residence Real Property Street address City	
BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000		
BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	SECURITY FOR LOAN None Personal residence Real Property Street address City Guarantor	
BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000	SECURITY FOR LOAN None Personal residence Real Property Street address City	
BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000	SECURITY FOR LOAN None Personal residence Real Property Street address City Other	
BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000	SECURITY FOR LOAN None Personal residence Real Property Street address City Other	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
RDENNED DAVID A

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
University of Pennsylvania Liver Diseases Center	Mirina Corporation
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
415 Curie Boulevard, 600 Clinical Research Building	1616 Eastlake Avenue East, Suite 200
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Philadelphia, PA 19104	Seattle, WA 98102
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Retreat presenter	Scientific advisor
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
	S500 - \$1,000 X \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	☐ Loan repayment ☐ Partnership
Sale of	Sale of
(Property, car, boat, etc.)	(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other Income for services rendered	
(Describe)	Other (Describe)
	, , , , , , , , , , , , , , , , , , ,
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	OD
* You are not required to report loans from commercial of a retail installment or credit card transaction, made	lending institutions, or any indebtedness created as part in the lender's regular course of business on terms your official status. Personal loans and loans received
* You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to y	lending institutions, or any indebtedness created as part in the lender's regular course of business on terms your official status. Personal loans and loans received
* You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to you not in a lender's regular course of business must be	lending institutions, or any indebtedness created as part in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows:  INTEREST RATE  TERM (Months/Years)
* You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to you not in a lender's regular course of business must be	lending institutions, or any indebtedness created as part in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows:
* You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to you not in a lender's regular course of business must be	lending institutions, or any indebtedness created as part in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows:  INTEREST RATE  TERM (Months/Years)
* You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to you not in a lender's regular course of business must be	lending institutions, or any indebtedness created as part in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows:  INTEREST RATE  Wone  None
* You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to y not in a lender's regular course of business must be NAME OF LENDER*  ADDRESS (Business Address Acceptable)	lending institutions, or any indebtedness created as part in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows:  INTEREST RATE TERM (Months/Years)
* You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to y not in a lender's regular course of business must be NAME OF LENDER*  ADDRESS (Business Address Acceptable)	lending institutions, or any indebtedness created as part in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows:  INTEREST RATE  TERM (Months/Years)  Whone  SECURITY FOR LOAN Personal residence
* You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to y not in a lender's regular course of business must be NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	lending institutions, or any indebtedness created as part in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows:  INTEREST RATE TERM (Months/Years)
* You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to y not in a lender's regular course of business must be a NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD	lending institutions, or any indebtedness created as part in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows:  INTEREST RATE TERM (Months/Years)
* You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to y not in a lender's regular course of business must be a NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	lending institutions, or any indebtedness created as part in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows:  INTEREST RATE TERM (Months/Years)
* You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to you not in a lender's regular course of business must be an NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	lending institutions, or any indebtedness created as part in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows:  INTEREST RATE TERM (Months/Years)
* You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to y not in a lender's regular course of business must be a NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$10,001 - \$100,000	lending institutions, or any indebtedness created as part in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows:  INTEREST RATE TERM (Months/Years)
* You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to y not in a lender's regular course of business must be a NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$10,001 - \$100,000	lending institutions, or any indebtedness created as part in the lender's regular course of business on terms your official status. Personal loans and loans received disclosed as follows:  INTEREST RATE TERM (Months/Years)

### SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

BRENNER, DAVID A

► NAME OF SOURCE	► NAME OF SOURCE
Rady Children's Hospital Board of Trustees	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
3020 Children's Way	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
San Diego, CA 92103	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 <u>/ 15 / 10</u> <sub>\$</sub> 250 Holiday gift bag	/\$
	\$
/ \$	\$
► NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
/ \$	
▶ NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
/ \$	\$
Comments:	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
BRENNER, DAVID A

- Reminder you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

NAME OF SOURCE	► NAME OF SOURCE
Gordon Research Conference	Mirina Corporation
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2055 Harbor Boulevard	1616 Eastlake Avenue, Suite 200
CITY AND STATE	CITY AND STATE
Ventura, CA 93001	Seattle, WA 98102
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Scientific meeting presenter	Scientific Advisor
DATE(S): 02 / 21 / 10 - 02 / 26 / 10 AMT: \$ 248.00	DATE(S): 03 / 09 / 10 - 03 / 10 / 10 AMT: \$ 694.00
TYPE OF PAYMENT: (must check one) 🗌 Gift 🔀 Income	TYPE OF PAYMENT: (must check one) 🔲 Gift 🔀 Income
DESCRIPTION: Reimbursement for travel expenses	DESCRIPTION: Reimbursement for travel expenses
NAME OF SOURCE	► NAME OF SOURCE
Asian Pacific Association for the Study of the Liver	Washington University DDRCC
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
9/F New Hennesy Tower, 263 Hennesy Road	660 South Euclid Avenue
CITY AND STATE	CITY AND STATE
Wan Chai, Hong Kong	St. Louis, MO 63110
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Scientific meeting presenter	Executive Committee member
DATE(S): 03 / 24 / 10 - 03 / 28 / 10 AMT: \$ 1,476.40	DATE(S): 04 / 13 / 10 - 04 / 14 / 10 AMT: \$ 919.80
TYPE OF PAYMENT: (must check one) 🗌 Gift 🔀 Income	TYPE OF PAYMENT: (must check one) 🔲 Gift 🔀 Income
DESCRIPTION: Reimbursement for travel expenses	DESCRIPTION: Reimbursement for travel expenses
Comments:	

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received
Official Use Only

MAR 1 7 2011

Ple	ase type or print in ink.		
NAN	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
BF	RENNER	DAVID	Α.
1.	Office, Agency, or Court		
	Agency Name	The state of the s	****
	CIRM		
	Division, Board, Department, District, if applicable	Your Position	
	ICOC	ICOC Member	
	▶ If filing for multiple positions, list below or on an attachment.		
	Agency: University of California	Position: Vice Change	cellor & Dean (UC San Diego)
2.	Jurisdiction of Office (Check at least one box)		
	State     ✓	☐ Judge (Statewide Juris	ediction)
	Multi-County	County of	
	City of	·	
3.	Type of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2010, through Decel 2010.	Leaving Office: Date (Check one)	e Left/
	The period covered is/, through Decen 2010.	nber 31, O The period covere leaving office.	d is January 1, 2010, through the date of
	Assuming Office: Date/	<ul> <li>The period covere of leaving office.</li> </ul>	d is/, through the date
	Candidate: Election Year Office soug	ht, if different than Part 1:	
4.	Schedule Summary		.5
	Check applicable schedules or "None."	► Total number of pages includi	ng this cover page:
	Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loan	os, & Business Positions – schedule attached
	Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gift	
	Schedule B - Real Property – schedule attached	Schedule E - Income - Gift	ts - Travel Payments - schedule attached
	-or-	ole interests on any schedule	
Э.	Verification	CITY	TATE 7ID CODE
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	TATE ZIP CODE
	DAYTIME TELEBUANE MUNICES	LE MAIL ABBETTS	
	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS	
	I have used all reasonable diligence in preparing this statement. I ha herein and in any attached schedules is true and complete. I acknow	owledge this is a public document.	st of my knowledge the information contained
	I certify under penalty of perjury under the laws of the State of	California that the	correct.
	Date Signed03/10/2011	Signature _	ad statement with your filing official.)
	(month, day, year)		eu staternent with your ming unicial.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
BRENNER, DAVID A

NAME OF SOURCE OF INCOME	► 1. INCOME RECEIVED  NAME OF SOURCE OF INCOME
Alcoholic Beverage Medical Research Foundation	American Association for the Study of Liver Disease
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1122 Kenilworth Drive, Suite 407	1001 North Fairfax Street, Suite 400
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Baltimore, MD 21204	Alexandria, VA 22314
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Board of Trustees member	Scientific meeting presenter
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$500 - \$1,000 \$1,001 - \$10,000	<b>▼</b> \$500 - \$1,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership	☐ Loan repayment ☐ Partnership
Sale of(Property, car, boat, etc.)	Sale of
(Property, car, boat, etc.)	(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Income for services rendered	
(Describe)	(Describe)
l	I
of a retail installment or credit card transaction, made	your official status. Personal loans and loans received
TO THE ST ELISEN	— — —
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	Street address
	Real PropertyStreet address
\$500 - \$1,000	Street address
\$500 - \$1,000 \$1,001 - \$10,000	Street address  City
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	Street address  City
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	Street address  City  Other

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
BRENNER. DAVID A

NAME OF SOURCE OF INCOME	► 1. INCOME RECEIVED
	NAME OF SOURCE OF INCOME
University of Pennsylvania Liver Diseases Center	Mirina Corporation
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
415 Curie Boulevard, 600 Clinical Research Building	1616 Eastlake Avenue East, Suite 200
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Philadelphia, PA 19104	Seattle, WA 98102
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Retreat presenter	Scientific advisor
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
	☐ \$500 - \$1,000 <b>※</b> \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership	Loan repayment Partnership
□ Sala of	
Sale of(Property, car, boat, etc.)	Sale of(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
_	
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	
You are not required to report loans from commercial	lending institutions, or any indebtedness created as part
of a retail installment or credit card transaction, made	your official status. Personal loans and loans received
not in a lender's regular course of business must be	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDDECC (During Adding A	%
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
DUCINECO ACTIVITY IF ANY OF LENDED	None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	resolut residence
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	Real PropertyStreet address
	Street address  City
<u>\$500 - \$1,000</u>	Street address
\$500 - \$1,000 \$1,001 - \$10,000	City  Guarantor
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	Street address  City  Guarantor
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	City  Guarantor
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	City  Guarantor

### SCHEDULE D Income – Gifts



Name

BRENNER, DAVID A

▶ NAME OF SOURCE	▶ NAME OF SOURCE
Rady Children's Hospital Board of Trustees	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
3020 Children's Way	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
San Diego, CA 92103	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 15 10 250 Holiday sift has	
12 / 15 / 10 <sub>\$</sub> 250 Holiday gift bag	/
\$	\$
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	\$
/ / \$	/ / \$
/ \$	/
► NAME OF SOURCE	▶ NAME OF SOURCE
TWINE OF GOOTIGE	NAME OF GOORGE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
	TEST (Easinose riadiose riosopiasio)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	/ \$
/ \$	/
	<b>!</b> / \$
O-man-auto-	
Comments:	<del></del>

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
BRENNER, DAVID A

- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

► NAME OF SOURCE	▶ NAME OF SOURCE
Gordon Research Conference	Mirina Corporation
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2055 Harbor Boulevard	1616 Eastlake Avenue, Suite 200
CITY AND STATE	CITY AND STATE
Ventura, CA 93001	Seattle, WA 98102
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Scientific meeting presenter	Scientific Advisor
DATE(S): 02 / 21 / 10 - 02 / 26 / 10 AMT: \$ 248.00	DATE(S): 03 / 09 / 10 - 03 / 10 / 10 AMT: \$ 694.00
TYPE OF PAYMENT: (must check one) Gift X Income	TYPE OF PAYMENT: (must check one) Gift X Income
DESCRIPTION: Reimbursement for travel expenses	DESCRIPTION: Reimbursement for travel expenses
► NAME OF SOURCE	► NAME OF SOURCE
Asian Pacific Association for the Study of the Liver	Washington University DDRCC
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
9/F New Hennesy Tower, 263 Hennesy Road	660 South Euclid Avenue
CITY AND STATE	CITY AND STATE
Wan Chai, Hong Kong	St. Louis, MO 63110
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Scientific meeting presenter	Executive Committee member
DATE(S): 03 / 24 / 10 - 03 / 28 / 10 AMT: \$ 1,476.40	DATE(S): 04 / 13 / 10 - 04 / 14 / 10 AMT: \$ 919.80
TYPE OF PAYMENT: (must check one) Gift X Income	TYPE OF PAYMENT: (must check one)  Gift  Income
DESCRIPTION: Reimbursement for travel expenses	DESCRIPTION: Reimbursement for travel expenses
Comments:	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
BRENNER, DAVID A

- Reminder you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE	► NAME OF SOURCE
Association of American Physicians	University of Pennsylvania Liver Diseases Center
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
45685 Harmony Lane	415 Curie Boulevard, 600 Clinical Research Building
CITY AND STATE	CITY AND STATE
Belleville, MI 48111	Philadelphia, PA 19104
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Advisory Council member	Center retreat presenter
DATE(S): 04 / 23 / 10 - 04 / 25 / 10 AMT: \$ 1,672.40	DATE(S): 05 / 09 / 10 - 09 / 11 / 10 AMT: \$ 489.60
TYPE OF PAYMENT: (must check one) 🗌 Gift 🔀 Income	TYPE OF PAYMENT: (must check one) 🗌 Gift 🔀 Income
DESCRIPTION: Reimbursement for travel expenses	DESCRIPTION: Reimbursement for travel expenses
► NAME OF SOURCE	► NAME OF SOURCE
Alpha-1 Foundation	Cleveland Clinic Digestive Disease Institute
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2937 SW 27th Avenue, Suite 302	9500 Euclid Avenue
CITY AND STATE	CITY AND STATE
Miami, FL 33133	Cleveland, OH 44195
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Board of Directors member	Search committee member
DATE(S): 05 / 12 / 10 - 05 / 12 / 10 AMT: \$ 16.00	DATE(S): 07 / 29 / 10 - 07 / 30 / 10 AMT: \$ 816.36
TYPE OF PAYMENT: (must check one) 🔲 Gift 🔀 Income	TYPE OF PAYMENT: (must check one) 🗌 Gift 🔀 Income
DESCRIPTION: Reimbursement for travel expenses*	DESCRIPTION: Reimbursement for travel expenses
Comments: *Alpha-1 Foundation arranged & paid for 5/12/	10 meeting transportation

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
BRENNER, DAVID A

- Reminder you must mark the gift or income box.
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► NAME OF SOURCE	► NAME OF SOURCE
ISN Nexus Symposium	American Association for the Study of Liver Disease
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Universitair Medisch Centrum	1001 North Fairfax Street, Suite 400
CITY AND STATE	CITY AND STATE
Postbus 85500, 3408 GA Utrecht, Switzerland	Alexandria, VA 22341
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Symposium presenter	Scientific meeting presenter
DATE(S): 06 / 29 / 10 - 07 / 02 / 10 AMT: \$ 1,555.19	DATE(S): 10 / 28 / 10 - 11 / 02 / 10 AMT: \$ 380.76
TYPE OF PAYMENT: (must check one) Gift X Income	TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
DESCRIPTION: Reimbursement for travel expenses	DESCRIPTION: Reimbursement for travel expenses
► NAME OF SOURCE	► NAME OF SOURCE
Tissue Fibrosis Project Conference	Alcoholic Beverage Medical Research Foundation
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Zweibruckenstr.2	1122 Kenilworth Drive, Suite 407
CITY AND STATE	CITY AND STATE
80331 Munich, Germany	Baltimore, MD 21204
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Scientific conference presenter	Board of Trustees member
DATE(S): 09 / 24 / 10 - 10 / 03 / 10 AMT: \$ 1,059.80	DATE(S): 11 / 07 / 10 - 11 / 09 / 10 AMT: \$ 72.00
TYPE OF PAYMENT: (must check one) Gift 🔀 Income	TYPE OF PAYMENT: (must check one)  Gift  Income
DESCRIPTION: Reimbursement for travel expenses	DESCRIPTION: Reimbursement for travel expenses*
Comments: *ABRMF arranged and paid for meeting transp	portation